

TRADING PARTNER TESTING VERIFICATION

SECTION I — TRADING PARTNER INFORMATION

Name — Trading Partner

Trading Partner ID -

SECTION II — TESTING VERIFICATION CHECKLIST

Please indicate that you have completed the following testing requirements by placing a check in the associated box. See instructions for more information on completing this section.

PES Trading Partner	All Other Trading Partners	Testing Requirement
<input type="checkbox"/>	<input type="checkbox"/>	1. Complete trading partner profile form and received trading partner ID
N/A	<input type="checkbox"/>	2. Complete EDI pre-testing at http://wiedi.communedi.com
<input type="checkbox"/>	<input type="checkbox"/>	3. Complete EDI user registration at www.wisconsinedi.org
<input type="checkbox"/>	<input type="checkbox"/>	4. Connect and exchange <u>applicable</u> transactions
<input type="checkbox"/>	<input type="checkbox"/>	X12 837 Health Care Claim: Institutional
<input type="checkbox"/>	<input type="checkbox"/>	X12 837 Health Care Claim: Professional
<input type="checkbox"/>	<input type="checkbox"/>	X12 837 Health Care Claim: Dental
N/A	<input type="checkbox"/>	X12 TA1 Interchange Acknowledgment
<input type="checkbox"/>	<input type="checkbox"/>	X12 997 Functional Acknowledgment
<input type="checkbox"/>	<input type="checkbox"/>	X12 835 Health Care Claim / Payment Advice

SECTION III — INDIVIDUAL COMPLETING FORM

Name — Individual Completing Form

Telephone Number — Individual Completing Form

Fax Number — Individual Completing Form

E-mail Address — Individual Completing Form

SIGNATURE — Individual Completing Form

Date Signed

SECTION IV — OFFICE USE ONLY (Do not write below this line)

Date Received	Date Processed	Return Reason	Initials
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